

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 21-MAR-2016		TIME 02:21:00		2. ADDRESS OF OCCURRENCE 10129 S GREEN ST CHICAGO, IL 60643			3. LOCATION CODE 304		4. BEAT/OCCUR 2232										
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME BOYD		7. FIRST NAME STEPHEN E		8. STAR NO. 12598		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE 602		12. HT. 218		13. WT. 218		
	14. DATE OF APPT. 10-OCT-2000		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 311		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME HARVILEY		21. FIRST NAME SAMUEL		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 07-SEP-1991		26. HT. 505		27. WT. 160				
	28. ADDRESS 1004 W 87TH STREET CHICAGO, IL				29. TELEPHONE NO.				30. WAS SUBJECT ARMED? FIREARM, SEMI-AUTOMATIC, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
33. WHERE WAS MEDICAL TREATMENT OBTAINED? LITTLE COMPANY OF MARY				34. BY WHOM? HERREA, BLANCA				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
36. CHARGES PLACED 725 ILCS 5.0/110-3, 720 ILCS 5.0/18-2-A-3, 720 ILCS 5.0/12-3.05-E-2				37. CB NO. 19282948				IR NO.				DNA							
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE								
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE																
39. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION SUBJECT FIRED ONE SHOT AT MEMBER STRIKING HIM IN THE RIGHT THIGH, FROM A SEMI AUTO HANDGUN															
WEAPON DISCHARGE INCIDENT				41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR			
				45. MAKE/MANUFACTURER BERETTA US- (BANTAM BROADBAND 951, EMPIRE, PUMA)				46. MODEL 8000				47. BARREL LENGTH 4.5				48. CALIBER/GAUGE 9 MM			
49. TASER PART ID NO.				50. WEAPON SERIAL NO. (Include Letters) 022640MC				51. CHICAGO GUN REG. NO. 626670				52. IL FIREARM OWNER ID NO. 40210455				53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED Department Issued				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				58. TOTAL NO. OF SHOTS MEMBER FIRED 9			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				70. EVENT NO. 1608101040			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.												71. RD. NO. HZ195073			
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
72. CASE INFO.				NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> OSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC				NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> OSS/DIST. OF OCCUR. & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.				Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
SIGNATURES				73. REPORTING MEMBER (Print Name) BOYD, STEPHEN E				STAR/EMPLOYEE NO. 12598				SIGNATURE							
				21-MAR-2016 08:24:15															
				Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.															
				74. REVIEWING SUPERVISOR (Print Name) NEMCOVIC, JOSEPH S				STAR NO. 1794				SIGNATURE				DATE REVIEWED 21-MAR-2016 08:26:05			

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject currently being interviewed by Detectives

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

U#16-004

Officer hospitalized and unable to complete TRR. TRR completed on Officers behalf by Sgt. Nemcovic #1794.

Based on the facts available at this time , it is the preliminary finding that Officer Boyd acted in compliance with department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1079743 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

SIGNATURE

DATE COMPLETED

TIME

21-MAR-2016 08:53:30

79. TOTAL TRR'S THIS EVENT No.

1

LOG# 1079743
Attachment 8